




Council Communication

TO: HONORABLE MAYOR AND COUNCILMEMBERS

FROM: LISA MAXWELL, DEPUTY TOWN CLERK 503-6867

THROUGH: CATHY TEMPLETON, TOWN CLERK 

MEETING DATE: AUGUST 1, 2013

SUBJECT: LIQUOR LICENSE – WORLD OF BEER GILBERT

STRATEGIC INITIATIVE:	N/A
LEGAL REVIEW	FINANCIAL REVIEW
<input type="checkbox"/> Complete	<input type="checkbox"/> Complete
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A

RECOMMENDED MOTION

A MOTION TO ISSUE AN ORDER TO RECOMMEND APPROVAL OF A SERIES 6 BAR LIQUOR LICENSE FOR WORLD OF BEER GILBERT LOCATED AT 2224 EAST WILLIAMS FIELD ROAD, SUITE 107.

OR

A MOTION TO ISSUE AN ORDER TO RECOMMEND DENIAL OF A 6 BAR LIQUOR LICENSE FOR WORLD OF BEER GILBERT LOCATED AT 2224 EAST WILLIAMS FIELD ROAD, SUITE 107 FOR THE FOLLOWING REASONS (SPECIFIC REASONS FOR DENIAL MUST BE INCLUDED).

OR

A MOTION TO MAKE NO RECOMMENDATION ON A SERIES 6 BAR LIQUOR LICENSE FOR WORLD OF BEER GILBERT LOCATED AT 2224 EAST WILLIAMS FIELD ROAD, SUITE 107. (A "NO RECOMMENDATION" MAY RESULT IN A HEARING; THE HEARING MAY BE CANCELLED IF THE BOARD OR AN AGGRIEVED PARTY DOES NOT REQUEST A HEARING).

BACKGROUND/DISCUSSION

Randy D. Nations is requesting approval of a Series 6 Bar Liquor License for World of Beer Gilbert located at 2224 East Williams Field Road, Suite 107. *This is a person transfer and a location transfer.* Amendments were filed to Sections 4 and 13.

A Series 6 Bar Liquor License allows a bar retailer to sell and serve all types of spirituous liquors, primarily by individual portions, to be consumed on the premises and in the original container for consumption on or off the premises.

Public notice was posted for the required 20-day period in accordance with the Arizona Department of Liquor License and Control posting requirement. No adverse information to justify a denial of this application was received from Planning and Zoning, Building and Code Compliance, Police Department, or from Maricopa County Environmental Services Department. There were no liquor related conditions in the zoning ordinance for this site.

Council's recommendation will be forwarded to the Arizona Department of Liquor License & Control. If Council recommends denial of an application, the minutes must reflect specific reasons, testimony, and other evidence that supports the motion to deny the license applications as required by A.R.S. 4-201.E further defined by Rule R19-1-102 (Attachment 1).

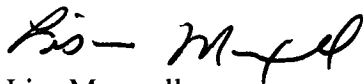
FINANCIAL IMPACT

The license fee is \$750 per year.

STAFF RECOMMENDATION

Staff feels such requests are solely Council's prerogative and offers no recommendation on this request.

Respectfully submitted,



Lisa Maxwell
Deputy Town Clerk

Attachments/Enclosures:

- Attachment 1 – Arizona Department of Liquor Licenses & Control,
Rule R19-1-102
- Attachment 2 – Liquor License Application

Attachment 1

R19-1-102. Granting a License for a Certain Location

Local governing authorities and the Department may consider the following criteria in determining whether public convenience requires, and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

1. Petitions and testimony from persons in favor or opposed to the issuance of a license who reside in, own or lease property in close proximity.
2. The number and series of licenses in close proximity.
3. Evidence that all necessary licenses and permits have been obtained from the state and all governing bodies.
4. The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
5. Residential and commercial population density in close proximity.
6. Evidence concerning the nature of the proposed business, its potential market and its likely customers.
7. Effect on vehicular traffic in close proximity.
8. The compatibility of the proposed business with other activity in close proximity.
9. The effect or impact of the proposed premises on businesses or the residential neighborhood whose activities might be affected by granting the license.
10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the board.
11. Comparison of hours of operation of the proposed premises to the existing businesses in close proximity.

Arizona Department of
800 West Was
Phoenix, AZ
www.az
602-5

Section 4 amended to correct suite number

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT *Complete Section 5*
☐ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☐ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): 06070462

1. Type of License(s): _____

2. Total fees attached: \$ _____

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

- ☒ Mr. ☐ Ms. _____ Nations Randy D.
 (Insert one name ONLY to appear on license) Last First Middle
 2. Corp./Partnership/L.L.C.: _____
 (Exactly as it appears on Articles of Inc. or Articles of Org.)
 3. Business Name: _____
 (Exactly as it appears on the exterior of premises)
 4. Principal Street Location _____ Suite 107 85295
 (Do not use PO Box Number) City County Zip
 5. Business Phone: _____ Daytime Phone: _____ Email: _____
 6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☐ NO
 7. Mailing Address: _____
 City State Zip
 8. Price paid for license only bar, beer and wine, or liquor store: Type \$ _____ Type \$ _____

DEPARTMENT USE ONLY

Fees: Application Interim Permit Site Inspection Finger Prints \$ _____
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☐ YES ☐ NO

Accepted by: _____ Date: _____ Lic. # _____

1/7/2013

"Disabled individuals requiring special accommodation, please call (602) 542-8027."

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Fl
Phoenix, Arizona 8
www.azliquor.gov
602-542-5141

See amended page

APPLICATION FOR LIQUOR
TYPE OR PRINT WITH BLOCK LETTERS

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT *Complete Section 5*
☐ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☒ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☒ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☒ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): 06070462

1. Type of License(s): Series 6

2. Total fees attached: \$

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

- ☒ Mr. Nations Randy D.
1. Owner/Agent's Name: ☐ Ms. Public House II LLC B1050414
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Public House II LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: World of Beer Gilbert
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 2224 E Williams Field Road Ste 208 Gilbert Maricopa 85259
(Do not use PO Box Number) City County Zip
5. Business Phone: Pending Daytime Phone _____ Email: _____
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: P O Box 2502 Chandler AZ 85701
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: 200 - 0
Application Interim Permit Site Inspection Finger Prints \$ 200.00
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: mc Date: 6/26/2013 Lic. # 06070462

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X _____
(Signature)

State of _____ County of _____
The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

☐ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.

☒ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: Public House II LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 6-15-12 State where Incorporated/Organized: Florida
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: R-1769197-0 Date authorized to do business in AZ: 6/20/2012
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
Public House Management Group LLC			Manager	721 NE 4th Ave	Ft. Lauderdale	FL	33304
Public House Holdings LLC			Member	721 NE 4th Ave	Ft. Lauderdale	FL	33304

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
Public House Holdings LLC			100	721 NE 4th Ave	Ft. Lauderdale	FL	33304

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

License #06070462 & 06070021

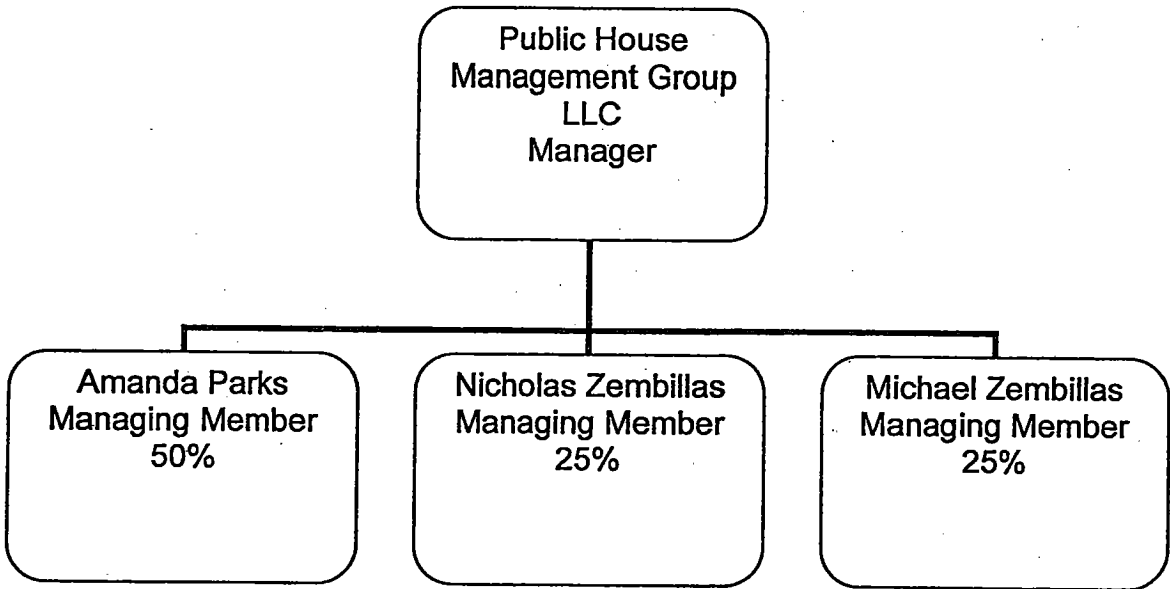
Amendment to Section 7 World of Beer

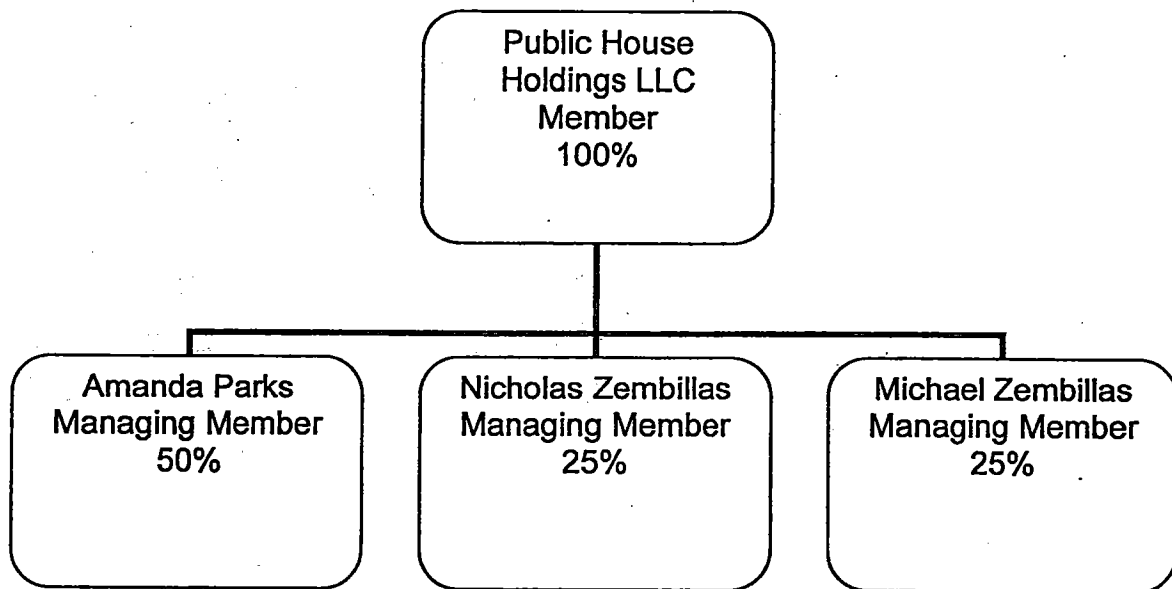
Michael Zembillas President 721 NE 4th Ave Ft. Lauderdale FL 33304

Nicholas Zembillas VP 721 NE 4th Ave Ft. Lauderdale FL 33304

Amanda Parks VP 721 NE 4th Ave Ft. Lauderdale FL 33304

13 JUN 27 1997 Lic. RM1126





13 JUN 26 11:41 PM 2003

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: Lewkowitz Andrea Entity: Agent
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: Still Water LLC
(Exactly as it appears on license)
3. Current Business Name: Disco
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 4301 North Civic Center Plaza
City, State, Zip Scottsdale, Arizona 85251
5. License Type: Series 06 License Number: 06070462
6. If more than one license to be transfered: License Type: _____ License Number: _____
7. Current Mailing Address: Street 2600 N. Central Ave. Ste. 1775
(Other than business) City, State, Zip Phoenix, Arizona 85004
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☒ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☒ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, JOHN ROBERT PEROXIS, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
- I, JOHN ROBERT PEROXIS, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My commission expires on: 7/30/2011



19th Day
Month Year
June 2013
Signature of NOTARY PUBLIC

13 JUN 26 11:41 AM '13

Bill of Sale

IN CONSIDERATION OF THE SUM OF:

***** Seventy Thousand Dollars And No Cents ***** lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

Still Water, L.L.C., an Arizona Limited Liability Company

hereby grants, bargains, sells and transfers unto the BUYER:

Public House II, LLC, a Florida Limited Liability Company

and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

That certain State of Arizona Liquor License #06070462

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: June 14, 2013

Still Water, L.L.C., an Arizona Limited Liability Company

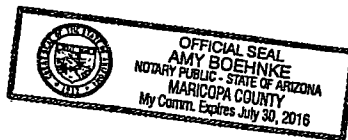
John Robert Peroulis, Manager

State of **ARIZONA** } ss:
County of **Maricopa**

On June 14, 2013, before me, the undersigned, a Notary Public in and for said County and State, personally appeared John Robert Peroulis, Manager personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public



Escrow No.: 00132702

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06070462

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE

1. Current Business: Name _____
(Exactly as it appears on license)

Address _____

2. New Business: Name _____
(Physical Street Location)

Address _____

3. License Type: _____ License Number: _____

4. If more than one license to be transferred: License Type: _____ License Number: _____

5. What date do you plan to move? _____ What date do you plan to open? _____

Section 13 amended to correct distance to church and school

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
b) Hotel/motel license (§ 4-205.01)

- c) Government license (§ 4-205.03)
d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 5,440 ft. Name of school _____
Address _____
City, State, Zip _____

2. Distance to nearest church: 2,934 ft. Name of church _____
Address _____
City, State, Zip _____

3. I am the: ☐ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)

4. If the premises is leased give lessors: Name _____
Address _____
City, State, Zip _____

4a. Monthly rental/lease rate \$ _____ What is the remaining length of the lease ___ yrs. ___ mos.

4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
(give details - attach additional sheet if necessary)

5. What is the total business indebtedness for this license/location excluding the lease? \$ _____
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? _____

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name Disco
(Exactly as it appears on license) Address 4301 N Civic Center Plaza Scottsdale AZ 85251
2. New Business: Name World Of Beer Gilbert
(Physical Street Location) Address 2224 E Williams Field Road Ste 208 Gilbert AZ 85259
3. License Type: Series 6 License Number: 06070462
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? Upon Approval What date do you plan to open? Upon Approval

See amended page

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 1.1 Mi ft. Name of school American Leadership Academy
Address 3155 Santan Village Pkwy Gilbert AZ 85259
City, State, Zip _____
2. Distance to nearest church: 0.6 Mi ft. Name of church St. Mary Magdelene Catholic Church
Address 2654 E Williams Field Rd Gilbert AZ 85259
City, State, Zip _____
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name Westcor SanTan Village LLC Attn: Center Manager
Address 11411 N Tatum Blvd. Phoenix AZ 85028
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ 7,733.33 What is the remaining length of the lease 5 yrs. _____ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other Still owe term
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Bar

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SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:

License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows | <input type="checkbox"/> Drive-in windows | <input type="checkbox"/> Non Contiguous |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☒ YES ☐ NO
If yes, what is your estimated opening date? September 2013
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.


applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

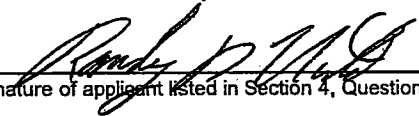
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

see attached

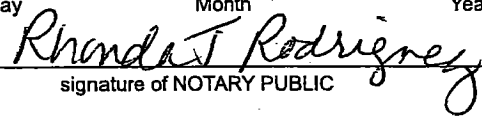
13 JUN 26 14:14:14 PM 2014

SECTION 16 Signature Block

I, Randy D. Nations, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X 
(signature of applicant listed in Section 4, Question 1)

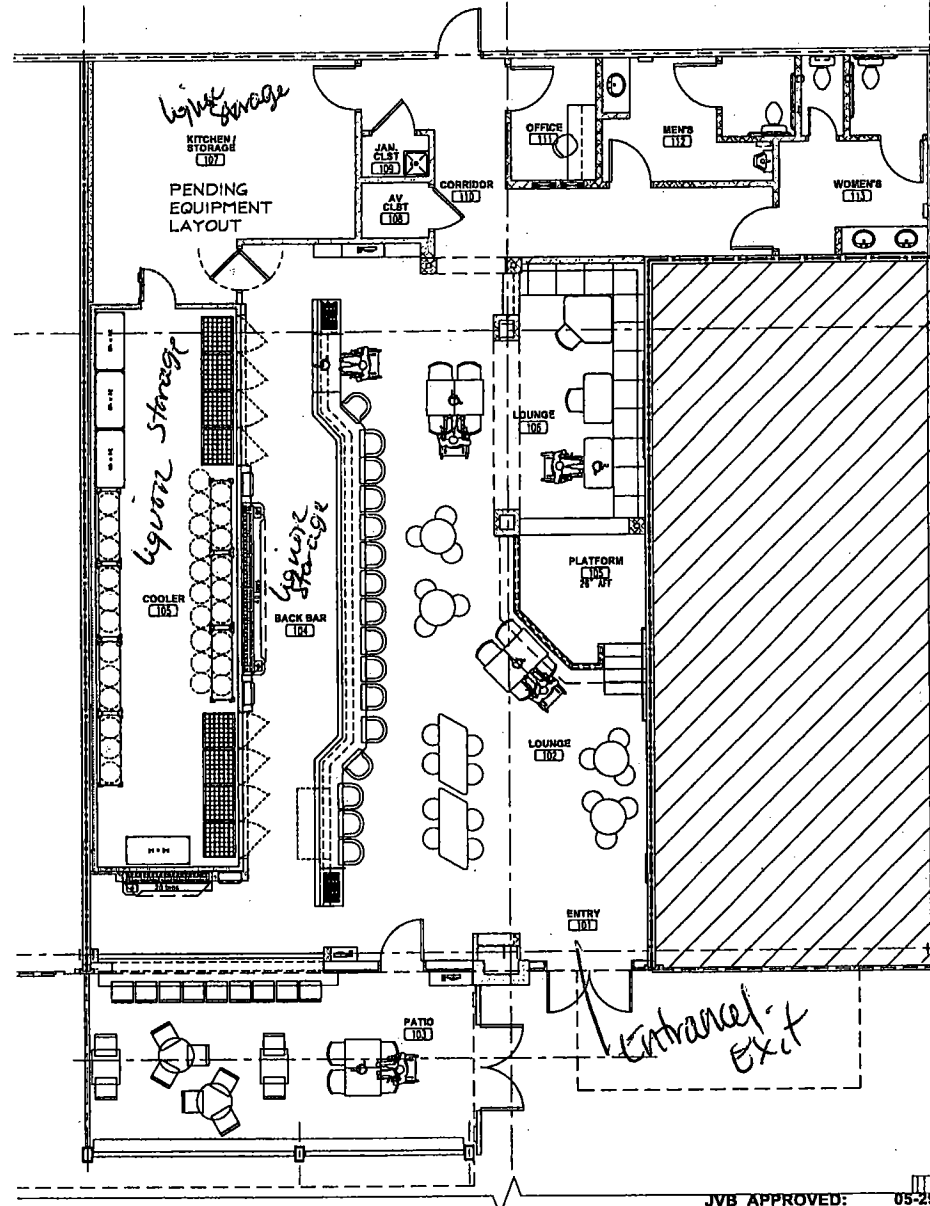
State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this 24 of June, 2013.
Day Month Year

signature of NOTARY PUBLIC

My commission expires on December 28, 2016
Day Month Year



13 JUN 26 Ligr. Lic. PM 2 04



1 EQUIPMENT & FURNITURE LAYOUT
SCALE: 1/4" = 1'-0"

JVB APPROVED: 05-29-2013
WORLD OF BEER FRANCHISING, INC.
DESIGN AND EQUIPMENT APPROVAL DATE

JOSEPH V. BELLUCCIA
ARCHITECT
Architectural Design/Design/Planning
AIA NCARB USCB
1718 N. Howard Avenue
Suite 201
Tampa, Florida 33607
Ph: 813.256.3213
Fax: 813.256.3216
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PERMIT
REVISIONS



WORLD OF BEER
RESTAURANT BAR
#208 San Tan Village Regional Center
Town of Gilbert, AZ



I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE DRAWINGS & SPECIFICATIONS COMPLY WITH THE APPLICABLE BUILDING CODES.

JOB NO: 12295
DRAWN BY: JVB
ISSUE DATE:
SHEET TITLE:
EQUIPMENT & FURNITURE LAYOUT
SHEET NUMBER
A-100

2900
Sg. R.

13 JUL 17 Lic. Lic. PM 2 04

ARIZONA DEPARTMENT OF LIQUOR

800 W Washington
Phoenix AZ 85007
(602) 542-5143

QUESTIONNAIRE

Questionnaires amended to correct suite number

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN 'APPLICANT' TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE. In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #
06070462

(If the location is currently licensed)

1. Check appropriate box →	Controlling Person (Complete Questions 1-19)	Agent (Complete All Questions except # 14, 14a & 21)	Manager (Only) (Complete All Questions except # 14, 14a & 21)
	Controlling Person or Agent must complete #21 for a Manager		Controlling Person or Agent must complete # 21

2. Name: Nations Randy D. Date of Birth: / /
Last First Middle (NOT a Public Record)

3. Social Security Number: Drivers License #: State: (NOT a public record) (NOT a public record)

4. Place of Birth: City State Country (not county) Height: Weight: Eyes: Hair:

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: Date of Birth: / /
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? If Arizona, date of residency:

8. Telephone number to contact you during business hours for any questions regarding this document.

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Premises Phone:

11. Physical Location of Licensed Premises Address: Ste. 107 85295
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

April 18, 2012

Disabled individuals requiring special accommodations, please call the Department. (602) 542-9027

AMENDMENT

13 JUL 17 Lic. Lic. M204

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

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The fees allowed by A.R.S. § 44-5852 will be charged for all dishonored checks.

Liquor License #

06070462

(If the location is currently licensed)

1. Check appropriate box →

Controlling Person (Complete Questions 1-19)	Agent	Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager		Controlling Person or Agent must complete # 21

2. Name: Miller-Rodriguez Loretta Maria Date of Birth: / /
Last First Middle (NOT a Public Record)

3. Social Security Number: Drivers License #: State:
(NOT a public record) (NOT a public record)

4. Place of Birth: City State Height: Weight: Eyes: Hair:
Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: Date of Birth: / /
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? If Arizona, date of residency:

8. Telephone number to contact you during business hours for any questions regarding this document.

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Premises Phone:

11. Physical Location of Licensed Premises Address: Ste. 107 85296
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

April 16, 2012

Disabled individuals requiring special accommodations, please call the Department. (602) 542-9027

AMENDMENT

13 JUL 17 Lic. Lic. PM 2 05

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

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The fees allowed by A.R.S. 5-44-8852 will be charged for all dishonored checks.

Liquor License #

06070462

(If the location is currently licensed)

1. Check appropriate box →	Controlling Person (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager		Agent (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 21		Manager (Only)
	Zembillas		Nicholas		Michael
2. Name:	Last	First	Middle	Date of Birth: ____/____/____ (NOT a Public Record)	
3. Social Security Number:	_____ (NOT a public record)		Drivers License #: _____ (NOT a public record)		State: _____
4. Place of Birth:	City	State	Country (not county)	Height: _____	Weight: _____ Eyes: _____ Hair: _____
6. Marital Status	Single	Married	Divorced	Widowed	
6. Name of Current or Most Recent Spouse: (List all for last 5 years - Use additional sheet if necessary)	_____ Last First Middle Maiden			Date of Birth: ____/____/____ (NOT a public record)	
7. You are a bona fide resident of what state?	_____			If Arizona, date of residency: _____	
8. Telephone number to contact you during business hours for any questions regarding this document.	_____				
9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.	_____				
10. Name of Licensed Premises:	_____			Premises Phone: _____	
11. Physical Location of Licensed Premises Address:	Ste. 107			85295	
	Street Address (Do not use PO Box #)			City	County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

April 16, 2012

Disabled individuals requiring special accommodations, please call the Department (602) 542-8027

AMENDMENT

13 JUL 17 11:41 AM 2013

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE. In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. 5-44-6852 will be charged for all dishonored checks.

Liquor License #
06070462

(If the location is currently licensed)

1. Check appropriate box → **Controlling Person** (Complete Questions 1-19) **Agent** (Complete All Questions except # 14, 14a & 21) **Manager (Only)** (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager
2. Name: Zembillas Michael Nicholas Date of Birth: / /
Last First Middle (NOT a Public Record)
3. Social Security Number: Drivers License #: State:
(NOT a public record) (NOT a public record)
4. Place of Birth: City State Country (not county) Height: Weight: Eyes: Hair:
5. Marital Status Single Married Divorced Widowed
6. Name of Current or Most Recent Spouse: Date of Birth: / /
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)
7. You are a bona fide resident of what state? If Arizona, date of residency:
8. Telephone number to contact you during business hours for any questions regarding this document.
9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.
10. Name of Licensed Premises: Premises Phone:
11. Physical Location of Licensed Premises Address: Ste. 107 85295
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

April 18, 2012

Disabled individuals requiring special accommodations, please call the Department. (602) 542-9027

AMENDMENT

13 JUL 17 11:41 AM 2005

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

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Liquor License #

06070462

(If the location is currently licensed)

1. Check appropriate box →
- | Controlling Person
(Complete Questions 1-19)
Controlling Person or Agent must complete #21 for a Manager | Agent
(Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete # 21 | Manager (Only) |
|--|---|----------------|
|--|---|----------------|
2. Name: Parks Amanda Kay Date of Birth: / / /
Last First Middle (NOT a Public Record)
3. Social Security Number: _____ Drivers License #: _____ State: _____
(NOT a public record) (NOT a public record)
4. Place of Birth: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____
City State Country (not county)
5. Marital Status Single Married Divorced Widowed
6. Name of Current or Most Recent Spouse: _____ Date of Birth: / / /
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)
7. You are a bona fide resident of what state? _____ If Arizona, date of residency: _____
8. Telephone number to contact you during business hours for any questions regarding this document. _____
9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.
10. Name of Licensed Premises: _____ Premises Phone: _____
11. Physical Location of Licensed Premises Address: Ste. 107 85295
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

April 16, 2012

Disabled individuals requiring special accommodations, please call the Department. (602) 542-5027

AMENDMENT